Only

STATEMENT OF

PAGE 1 / 5 =

FEC FORM 1		0	RGAN	IZATI	ON							0"		0.1				
NAME OF COMMITTEE (in	n full)		Check if names changed)		ample: If		уре	1	2F	E4M	_	Опісе	Use	Only				
BMO Finan	icial Co	orp Go	ood Go	vernan	ice F	und:	Fe	de	ral	(B	M	J C	ΡΑ	C)				
ADDRESS (number a	nd street)	320 Sout	h Canal Street															
(Check if a is changed																		
		Chicago Cl'	TY 🛦					L	TATE		6	0606		ZIP		 DE ▲		
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if a is changed		karen.r	morrissey@	bmo.com														
			Second E-Ma .ellefritz@		1													
COMMITTEE'S WEB (Check if a is changed	address	DRESS (UF	RL)															
2. DATE		D / Y	2023															
3. FEC IDENTIFIC	CATION NU	IMBER ▶	. C	C006118	71													
4. IS THIS STATEM	MENT	NEW	(N) O I	R 2	K AN	MENDED) (A)											
I certify that I have e	examined th	is Stateme	nt and to the	best of my	knowled	ge and	belief	it is t	rue,	corre	ct ar	nd co	omple	ete.				_
Type or Print Name	of Treasurer	Ellefritz,	Ashley, , ,															
Signature of Treasure	er <i>Ellefrii</i> ——	tz, Ashley, , ,			[Electron	iically Fi	led]	Da	te	M (о 9	1	14]′	Y	y 2023		Υ
NOTE: Submission of	false, errone		omplete inform	-								e pe	naltie	s of	52 U	J.S.C.	§30	109.
Office Use					Federal	her information (Commis		ct:				EC Revis					

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Comple	e the candidate information below.)
(b) This committee is an authorized committee, and is NOT a print information below.)	rincipal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	State President District
(c) This committee supports/opposes only one candidate, and i	NOT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) comm	(Democratic, ttee of the Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify con	nected organization on line 6.) Its connected organization is a
Corporation Corporation	w/o Capital Stock Labor Organization
Membership Organization Trade Associ	iation Cooperative
In addition, this committee is a Lobbyist/Registran	PAC.
(f) This committee supports/opposes more than one Federal ca committee. (i.e., nonconnected committee)	ndidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registran	PAC.
In addition, this committee is a Leadership PAC. (dentify sponsor on line 6.)
(g) This committee is an independent expenditure-only political	committee (Super PAC).
In addition, this committee is a Lobbyist/Registran	PAC.
(h) This committee is a political committee with both contribution	and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registran	PAC.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expectations committees/organizations, at least one of which is an author	·
(j) This committee collects contributions, pays fundraising experimental committees/organizations, none of which is an authorized committees.	·
Committees Participating in Joint Fundraiser	
1.	C
- 1	C

	FEC Form 1 (Revised	02/2009)	
٧	Vrite or Type Committee Name	·	
	BMO Financia	l Corp Good Governance Fund: Federal (BMO PAC)
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
	BMO Financial Corp) 	
	Mailing Address	320 South Canal Street	
		Chicago IL 6	0606
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in po	ssession of committee
	Ellefritz, A	shley, , ,	
	Full Name		
	Mailing Address	320 South Canal Street	
		Chicago IL 6	0606
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	_ 461 _ 6677
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
	Full Name Ellefritz, A	shley, , ,	
	of Treasurer		
	Mailing Address	320 South Canal Street	
		Chicago IL 6	0606
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Telephone number	- 461 - 6677

Telephone number

FEC Form	I (Revised 02/2009)		Page 4
Full Name of Designated	. (1.01.000 02/2000)		
Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		e number	
Banks or Other safety deposit be	Depositories: List all banks or other depositories in which the conxes or maintains funds.	nmittee deposits fu	unds, holds accounts, rents
Name of Bank, I	Depository, etc.		
	BMO Bank, N.A.		
Mailing Address	320 South Canal Street		
	Chicago	IL	60606
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

h). Joint Fundrais i	ng rantopant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund Corporation Good Governance Fund:	= -	e, or Leadership PAC Spon
BIVIO I III alicial C	Diporation Good Governance Fund.		
Mailing Address	320 South Canal Street		
Mailing Address			
	Chicago		, 60606
Dalatianahin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Join ify by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC S
		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Ident		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Ident		nt Fundraising Represent	Leadership PAC S
esignated Agent: Ident		at Fundraising Represent	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)	STATE	
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
Full Name Mailing Address	ify by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A